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CORRESPONDENCE ADDRESS  
INDICATION FORM**

**Application Number**

**Filing Date**

HEREWITH

**First Named Inventor**

Louis Robert Litwin

**Title**

Celluar Based Location Of Wireless  
Local Area Networks

**Art Unit**

**Examiner Name**

**Attorney Docket Number**

PU030178

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☒ Practitioners at Customer Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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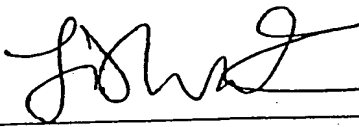
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DATED this 7 day of July, in the year 2005.

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Julian Waldron  
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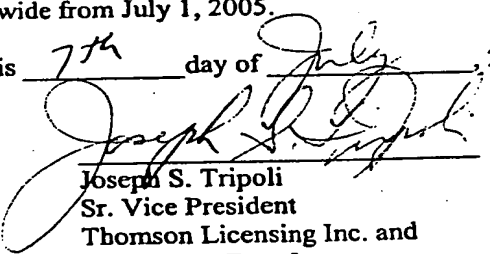
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DATED this 7<sup>th</sup> day of July, 2005.

SIGNED

  
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Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
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WITNESS

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